

JOHN ENGLER  
Governor

## OFFICE OF RETIREMENT SERVICES

JUDGES RETIREMENT SYSTEM PUBLIC SCHOOL EMPLOYEES RETIREMENT SYSTEM

STATE EMPLOYEES RETIREMENT SYSTEM STATE POLICE RETIREMENT SYSTEM

PO Box 30171, Lansing, MI 48909-7671

Telephone: 517-322-5103

Outside Lansing: 800-381-5111

http://www.state.mi.us/dmb/ors/

## State Employees Application for Service Retirement

NAME	SOCIAL SECURITY NUMBER		DATE OF BIRTH
STREET ADDRESS	DEPARTMENT		LAST DAY ON PAYROLL
CITY, STATE, ZIP	RETIREMENT EFFECTIVE DATE	HOME PHONE	WORK PHONE
TYPE OF RETIREMENT (CHECK ONE) <input type="checkbox"/> REGULAR SERVICE <input type="checkbox"/> COVERED POSITION <input type="checkbox"/> CONSERVATION OFFICER <input type="checkbox"/> OTHER			

**Section 1: Option Election: Check ☒ only one box indicating your option choice. If you are married, you must elect 100% Survivor (or 100% Equated), 75% Survivor\* (or 75% Equated\*) or 50% Survivor (or 50% Equated) naming your spouse as beneficiary unless your spouse declines such a benefit. The 75% Survivor and 75% Equated are available January 1, 2000, and beyond.**

<input type="checkbox"/>	<b>I ELECT STRAIGHT LIFE. I wish to receive an unreduced pension for my lifetime and, upon my death, provide no continuing survivor pension or insurance benefits for my spouse OR other eligible beneficiary.</b>
<input type="checkbox"/>	<b>I ELECT STRAIGHT LIFE EQUATED. I wish to combine Straight Life with the Equated Plan, which will provide me a larger pension until age 65 and a permanently reduced pension thereafter. A Social Security estimate must be provided.</b>
<input type="checkbox"/>	<b>I ELECT 100% SURVIVOR. I wish to receive a reduced pension for my lifetime and, upon my death, provide 100% of that pension amount, with insurance benefits, for the lifetime of my spouse OR other eligible beneficiary.</b>
<input type="checkbox"/>	<b>I ELECT 100% EQUATED. I wish to combine 100% Survivor with the Equated Plan, which will provide me a larger pension until age 65 and a permanently reduced pension thereafter. A Social Security estimate must be provided.</b>
<input type="checkbox"/>	<b>I ELECT 75% SURVIVOR*. I wish to receive a reduced pension for my lifetime and, upon my death, provide 75% of that pension amount, with insurance benefits, for the lifetime of my spouse OR other eligible beneficiary.</b>
<input type="checkbox"/>	<b>I ELECT 75% EQUATED.* I wish to combine 75% Survivor with the Equated Plan, which will provide me a larger pension until age 65 and a permanently reduced pension thereafter. A Social Security estimate must be provided.</b>
<input type="checkbox"/>	<b>I ELECT 50% SURVIVOR. I wish to receive a reduced pension for my lifetime and, upon my death, provide 50% of that pension amount, with insurance benefits, for the lifetime of my spouse OR other eligible beneficiary.</b>
<input type="checkbox"/>	<b>I ELECT 50% EQUATED. I wish to combine 50% Survivor with the Equated Plan, which will provide me a larger pension until age 65 and a permanently reduced pension thereafter. A Social Security estimate must be provided.</b>

**Section 2: Beneficiary Designation: Complete regardless of your option choice. (See instructions for a list of eligible beneficiaries.)**

BENEFICIARY NAME		RELATIONSHIP
SOCIAL SECURITY NUMBER**	BIRTHDATE**	<input type="checkbox"/> MALE** <input type="checkbox"/> FEMALE**

**Section 3: Applicant's Certification:** I certify I am retiring as indicated above and electing the retirement option indicated above. If I am married, I understand that my spouse is my retirement pension beneficiary, unless my spouse by written signature below relinquishes the automatic benefit in favor of another eligible beneficiary or agrees that I may elect Straight Life or Straight Life Equated. I understand my pension option choice and beneficiary nomination are final and irrevocable on or after my retirement effective date.

APPLICANT'S SIGNATURE	DATE
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**Section 4: Spouse's Certification:** If you are married on your pension effective date, your spouse must sign this form. If you are not married, you must write "none" in the spouse's signature box.

**I acknowledge my spouse elects the pension option indicated above. I understand the provisions of that option. I understand the choice is final and irrevocable on and after my spouse's retirement effective date.**

SPOUSE'S SIGNATURE (WRITE "NONE" IF NOT MARRIED)	DATE
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\* 75% Survivor & 75% Equated available January 1, 2000.

\*\* Protected information for tax & actuarial purposes.

Authority P.A. 240 of 1943, as amended

R131G (Rev. 5/00)

If you have speech or hearing difficulties and need assistance, please contact the Michigan Relay Center at 800-649-3777. If you have other disabilities, please contact ORS at 800-381-5111 to request special accommodations.

# Instructions for completing R131G, State Employees Application for Service Retirement

To receive retirement benefits, complete this form and return it to State Employees Retirement System at least 30, but no more than 90, days before your retirement effective date. Please type or print.

If you make a mistake completing this form, don't try to fix it. **ORS will not accept this form with visible erasures or corrections.** Instead, call the Customer Information Center at 517-322-5103 (Local) or 800-381-5111 to order a new form.

## Retirement Effective Date:

You must specify your retirement effective date. Your retirement effective date is the first day of the month after the month in which you terminate State employment and meet age and service requirements. For example, if you terminate State employment May 10, your retirement effective date is June 1.

## Proof of Age:

Before you can receive retirement benefits, you must provide the Retirement System with documentation of your date of birth, and your beneficiary's date of birth if you choose a survivor pension (100% Survivor, 75% Survivor\* or 50% Survivor). The State Employees Retirement Board will accept the documentation listed below.

### Group I: Any one of these is sufficient:

Certified copy or copy of birth certificate; Delayed Registration of birth established by the Probate Court; Infant baptismal certificate, or certified copy; Certified copy or copy of the Family Record in Bible; Verification of birthdate by the Social Security Administration; or United States passport.

### Group II: If you cannot supply any one of Group I, provide any two of Group II:

School age record, or certified copy; Military service record or certified copy thereof; Marriage record if it shows date of birth; Naturalization certificate of individual or for parents providing participant's age is stated on the certificate (DO NOT COPY); Transcript of record from United States Bureau of Census.

## Section 1: Option Election

Electing a pension option is one of the most important decisions you will make during your retirement process. It will determine if, or how, your pension and insurance coverage will continue to your spouse or other designated beneficiary after you die.

Before you complete this section, please see your State Employees *Retirement Guidelines* for definitions of your pension option choices. A thorough understanding of the options is crucial before you make your selection. If you need an explanation of your retirement options, call ORS toll-free at 800-381-5111 or in the Lansing area, 517-322-5103.

Check only one box indicating your option election. Be sure the box you check accurately reflects your pension option choice. You cannot change your option election on or after your retirement effective date.

If you elect an Equated Plan for your retirement, you **MUST** provide our office with a Social Security Administration estimate of earnings and benefits. You can get the estimate from your local Social Security Office or contact Social Security

\* 75% Survivor & 75% Equated available January 1, 2000.

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Administration toll-free at 800-772-1213 or at their Web site: <http://www.ssa.gov/>.

## Section 2: Beneficiary Designation

If you select the Straight Life or Straight Life Equated Depending on the option you choose and the amount of pension payments you collect, your beneficiary may be eligible to receive benefits after your death.

If you are married, your spouse is automatically your 100% Survivor, 75% Survivor\* or 50% Survivor beneficiary.

*If your designated beneficiary is not your spouse, or you select Straight Life, your spouse must complete Section 4 by signing where indicated, thereby relinquishing his or her automatic survivor benefit.*

If you choose Straight Life your beneficiary will receive only a refund of your personal contributions and interest, if any, that were not paid to you before your death. If you choose either of these options, you may designate any ONE individual as your refund beneficiary. If you do not wish your refund to be disbursed to any ONE individual, write NONE in the beneficiary designation box. Upon your death, any refund due you will be paid to your estate or to the legal representative of your estate.

If you choose 100% Survivor, 75% Survivor\* or 50% Survivor, your beneficiary will continue to receive a pension and other retirement benefits for the rest of his or her life. Only your spouse, brother, sister, parent or child, including an adopted child, may be your 100% Survivor, 75% Survivor\* or 50% Survivor pension beneficiary.

Please complete all the boxes pertaining to your beneficiary, regardless of which pension option you elect.

***You cannot name a trust as your beneficiary for any of the options. However, if you wish to have your benefits administered by a trust, you can indicate your beneficiary, by name, "in care of" the trust. If you have questions about this, please contact ORS at 800-381-5111.***

## Section 3: Applicant's Certification

By signing in the "Applicant's Signature" box, you are certifying the pension option marked in Section 1 is your correct choice. Before you sign, be sure you are aware of the pension option you have chosen and familiar with the survivor benefits it will, or will not, provide after your death. Be sure the box you have checked is the one you want.

## Section 4: Spouse's Certification

If you are married on your retirement effective date, your spouse's signature is required where indicated **only** if you select Straight Life, **OR** if you designate someone other than your spouse as beneficiary under 100% Survivor, 75% Survivor\* or 50% Survivor. By signing in the "Spouse's Signature" box, your spouse authorizes you to designate another eligible person as beneficiary **or** choose Straight Life and gives up all rights to any benefits.

**If you are not married, you must write "None" in the "Spouse's Signature" box.**

**Return the completed form and attachments to the Office of Retirement Services (ORS) at the address on the front of this form.**